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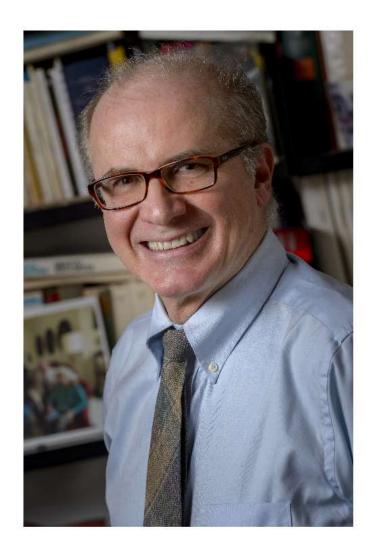
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INSIGHTS ON CREATIVE CLIMATE IN A BALINT GROUP

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Abstract

The "magic" dimension of creative climate in a Balint group is thought to be a key factor for group success and individual satisfaction. The special atmosphere of a working Balint group, adequately facilitated by leadership, supports dialogue and trust among doctors, and enhances new insights about the doctor-patient relationship. In such groups, everyone feels challenged to learn and eventually moves away from his/her "comfort zone". Although crucial, creative climate has been overlooked until now. This presenter applies a new concept of creative climate, originated from multi-national research, to a Balint group experience.

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Background

My work with Balint groups represents a small but very valuable activity in my professional life. It is exciting, full of meaning and I always experience intense involvement and learning. A case in point is a Balint group which started in September, 2006, with a group of pediatricians and is still working. After a period of 12 meetings, the group participants were keen to continue long-term. Since the first meeting, this Balint group has met weekly to discuss one case at a time. Group members pay a fee to participate. The composition of the group has varied very little during these years. There are six of us, leader included.

The group has developed maturity, and relationships have become more open and inclusive even outside of the formal sessions. Participants feel safe and can take the risk to be sincere and to confess concerns, doubts, and even (perceived) mistakes. Although the group is small, contributions are vivid and members listen intently to one another. As their leader, I have become more confident and have learned a lot about myself, my colleagues and about the meaning of a Balint group. Looking back, I'd like to reflect about the climate in this Balint group and how it has contributed to the group's success.

Creative Climate: what it is and why it is important

The concept of climate refers to the way in which people describe their working environment. This concept reflects individuals' subjective perceptions of the "atmosphere" experienced by people in a group. Climate, with its fragile and whimsical blend of emotions and relationships has a determining influence on group and psychological processes, such as communication and problem solving. As opposed to culture, climate is (potentially) extremely changeable in the short term, and it is significantly influenced by the style of the leader.

The relevance of "creative climate" has only recently been researched as a factor in the motivation of people, group performance and change. 4 Research has given a clear description of variables which can either help or hinder individual or group creative processes. 5,6,7 The concept and the measure (Situational Outlook Questionnaire or SOQ) are internationally recognized and validated. Each of these variables also represents a crucial aspect a leader has to explore to have a better understanding of facilitation and group process. As one of the contributing researchers on creative climate research 9,10 and a Balint group leader, I would like to suggest the application of the dimensions of creative climate to Balint Groups and their leadership.

Nine dimensions of Creative Climate in a Balint group

The nine strategic dimensions are described (bold) below as they have been originally studied. Illustrated is the application of each of those dimensions to Balint group work in accordance with my experience. Implications for leadership are also identified.

SOQ Creative climate dimension	Description of SOQ dimension. Implication for Balint groups. Leaders' responsibility.
1. Challenge/ Involvement	This dimension is described as the degree to which people are involved in the activities, long-term goals and visions of the group. This is the electric and dynamic part of climate, the dimension of inspiration that makes meaningful teamwork. In a Balint group, doctors are (generally) highly motivated to undertake a challenging process which implies reflection and research. They invest energy and expectations towards themselves and their colleagues. From this challenging climate comes an experience which is perceived as "special" and which is worth being experienced and shared. Conversely, when doctors are not (fully) engaged, feelings of boredom or indifference may become manifest; the common sentiment is lack of enthusiasm. The leader must believe in his job and have a positive approach towards individuals and group facilitation. He must also be conscious that something is always missing in the "picture" and therefore never just sit in his "comfortable chair", nor let other participants in the group do the same. Leaders have to be motivated without having overly high expectations.
2. Freedom	This dimension is described as the independence in behaviour exerted by the people in the organization. People feel they can take initiative within the group in order to freely express the information they need to share. Doctors in a Balint group choose to attend the group and are not obliged to: individual motivation is essential. Doctors can exercise discretion and confidentiality outside their working routine and share information in a sufficiently structured (time, space and norms) group context. This enables them to give their contribution in their own way and in a way they perceive is appropriate for colleagues. In the opposite climate there is a strictly planned agenda of interventions and one feels obliged to speak up or react when it is one's turn. A leader has to pay attention to allow doctors the opportunity to give their contribution spontaneously while preserving the structure, the process and the norms of the group in a credible (and non bureaucratic) way. The respect of group norms/method helps to manage the process.

3. Trust/ Openness

This dimension is described as the emotional safety perceived in relationships.

The climate in the group is open and people feel they can express their emotions and reactions with "no particular filters".

Doctors know they can learn from the "patient-doctor vignette" and that they need not give a "good doctor image". In the group, everyone can rely on others because they will try to understand each other's perspective even when their own perceptions/views are totally different. As the group evolves, doctors are becoming (and behaving) as a group of trusted partners.

Where trust is missing people expect negative consequences for mistakes. Doctors may become afraid of being exploited or robbed of their feelings or ideas.

The leader's responsibility is to keep communication open among members of the group, stimulate investigation, accept "diversity" and not blame mistakes. The focus is non-academic. Encouragement and constructive feedback are common.

4. Idea Time

This dimension is described as the amount of time people can and do use for elaborating or developing new ideas.

People like to know more about others' feelings and are keen to build insights on others reflections/suggestions.

Balint groups are aimed at sharing perceptions and developing doctors' awareness in a given time frame. The reactions from colleagues are focused and creative because they bring new ideas and perceptions. "Idea time" is expanded when doctors bring their reactions and learning home or when discussions continue outside of the formal session.

When "idea time" is low, everything is specified and already planned and it becomes impossibile to think outside "the box".

Leaders have to respect the group setting and make it valuable to participants, skillfully managing time at the various stages of the Balint session. We know how relevant it is to give time to the choice of the "case" and separate the talking and the listening phase. Even silence has to be accurately managed.

5. Playfulness/	This dimension is described as the spontaneity and ease
Humor	displayed in the climate.
	The play-time dimension that many leaders and
	practitioners experience and describe can be light and the exchange sincere and direct. Difficult situations with
	patients (or family) and negative emotions are tackled as people communicate and exchange feedback. Over time, the
	group members become close to one another and enjoy their
	encounters socially as well as professionally.
	The opposite climate is characterized by gravity and
	seriousness and the atmosphere is stiff. Jokes and laughter are regarded as improper and doctors become a little defensive.
	A leader has to be able to balance the process and
	encourages play by example as well as by exhibiting a
	reflective attitude with spontaneity.
6. Conflict	This dimension is described as the presence of personal,
	interpersonal, emotional tension in the group.
	When conflicts are high, the energy can be too bound
	in them and few changes or learning are possible. It is
	also necessary to detect conflict that might impair group effectiveness.
	People in a Balint group are not friends, though they may
	become friends later. Doctors learn to deal with different
	personalities, not win or lose interpersonal conflicts.
	Doctors must effectively manage a certain amount of
	(constructive) criticism without taking it "personally".
	Good management of conflict in the group gives participants
	the opportunity to detect and understand (potential) conflic
	in the doctor-patient interaction.
	The leader understands the group's interpersonal
	psychological dynamic and protects individuals from
	unproductive attacks; the leadership role is not to "take the
	part" of group members nor to say who is right or wrong but
	to integrate differences.

7. Idea Support

This dimension is described as the ways new ideas are treated.

This is the way people bring their "new" contribution. In the supportive climate ideas and emotions are given and received in an attentive and kind way with a sense of reciprocity.

Members of a Balint group listen to each other and consider valuable what is perceived and said from colleagues in the group. They also act to encourage initiative, open communication and recognition. Not infrequently, someone expresses a sentiment of gratitude for insights received about the patient-doctor interaction which has been the topic of the session.

When support is low, the reflexive "no" prevails and feelings, ideas are refuted by a counter-argument and fault-finding prevails.

The leader helps support disparate ideas through encouraging interventions and giving constructive feedback (often non verbally), trying not to make corrections or interruptions, nor even questioning with an inquisitive style.

8. Debate

This dimension is described as the encounters, exchanges, or clashes among viewpoints and differing experiences and knowledge.

During a Balint group session many perspectives are emerging and shared reflecting feelings and thoughts which are often (and hopefully!) divergent. Doctors have diverging experiences, and often have strong personalities and attitudes. Democracy of feelings and thoughts is part of the Balint experience. Group members are keen to put forward their views to make more complete the understanding of what has occured between the doctor and patient.

When debate is missing people follow "common experience" or established beliefs, or "what is said in the book".

The leader has to encourage debate, adapting his/her style to the changing group (dimension) environment and to the moment. Contributions are treated as equal and valued although they may not seem relevant. Individual contributions although divergent are part of the "orchestra".

9. Risk-Taking

This dimension is described as the tolerance of uncertainty and ambiguity exposed in the group place.

In accordance with this dimension, people feel as though they "can take a gamble" on some of their perceptions/ reactions/ideas. In the context of the Balint group it is crucial that doctors are invited to talk and reflect on their "private experience" with their patients and therefore it is crucial they feel they can risk dealing with confidential or controversial topics. When one enters a Balint session, one never knows exactly what will be given and what will be taken. Always there is the opportunity (risk?) to find/discover something new and unexpected about oneself (and one's colleagues).

In a **risk-avoiding** climate there is a cautious and hesitant mentality. Group members try to be on the "safe side" or to "sleep on the matter".

The responsibility of the **leader** is to balance a tactful approach with the courage to "invite" doctors to do further exploration.

Conclusions

Even today Balint work represents a breakthrough discovery because the concepts that Michael Balint introduced are absolutely revolutionary and valid for today's doctors. The core of a Balint group is aimed at the small but relevant change in how the doctor experiences his/her relationship with the patient. The lessons learned in a Balint group experience somehow (and not unfrequently) change the way participants perceive things, and help them to become more aware and more creative. 16,17

In an established Balint group working productively people feel there is "something special" and everybody is keen to "play something new." This is the reason doctors like Balint groups (including me): They want to search their souls and develop their sensitivity and capability ("research cum training") to deal with patients. And they know the group is the means to do so. 19

In a Balint group, creative climate is definitely a key motivating factor influencing the process and the outcome. When doctors are enabled to reflect and to learn, something creative occurs and facilitative leadership has a special responsibility for nurturing this kind of climate.

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